

The MT Laboratory Sentinel

Updates from the MT Laboratory Services Bureau
<http://healthlab.hhs.mt.gov/> 03/02/10



NOTICE OF FEE CHANGE

The Montana Public Health Laboratory will be updating fees effective *July 1, 2010*. A copy of the proposed Administrative Rule change that will modify the current fees and a copy of the proposed fee list are posted on our website at: <http://www.dphhs.mt.gov/PHSD/Lab/envirom-lab-index.shtml>

These documents can also be provided to you in hard copy by calling our office at 1-800-821-7284, or by writing to us at the following address:

DPHHS Laboratory Services Bureau
P O Box 4369
Helena MT 59604-4369

The Department of Public Health and Human Services is required by Section 50-1-202 (17), MCA, to adopt fees for tests and services performed by the department's laboratory which reflect the actual costs of the tests or services provided.



Micro-ear listens to Flagella Whipping Around

Leading to Drug Trials

A **micro-ear** could soon help scientists eavesdrop on tiny events just like microscopes make them visible. It may allow researchers to **listen to how a drug disrupts the mechanics of micro-organisms**.

The University of Oxford plans to use it to eavesdrop on flagella - the tiny motor that many bacteria such as *E. coli* use to move themselves around. Currently, the movement of flagella is studied by sticking tiny beads to them and watching them whip around with a high-speed camera.

If the work with bacteria is successful the team is also planning to look at other micro-organisms such as parasites. By listening to this motor, it may be possible to better understand how it works and ultimately investigate the action of new medicines that might stop its motor.

<http://news.bbc.co.uk/2/hi/technology/8529232.stm>

LAB COATS: Disposable vs Reusable

Terry Jo Gile The Safety Lady® www.safetylady.com/

A major consideration of using reusables vs. disposables involves your institutions commitment to "Going Green". Manufacturers that offer both reusables and disposables to their customers most often see as much as 25% more disposable coats used weekly when compared with a reusable. Contributing to this increased usage are employees who see the coats as a disposable much like their gloves, and they tend to dispose of the coat more frequently.

Disposables are polluting our land fills and are increasingly a public relations issue. Disposable coats can cost twice as much as a reusable. The benefit of a disposable coat is the reduced cost for laundry services. The downside includes the cost of disposal. A disposable coat can generate up to 50 times more medical waste than a reusable coat or 175 - 300 pounds of medical waste per employee per year depending on the number of coats used weekly. When deciding whether to use reusable or disposable coats, the cost of the medical waste must be a consideration.

Reasons for using disposable coats include

- No laundry service available
- Laundry service too expensive or too remote
- Temporary employees
- New hires who have not received their reusable coats
- Vendor service personnel working on equipment
- Visitors



Kathy Martinka, Editor, Montana Laboratory Sentinel

Many laboratories have opted to use disposable lab coats. Unlike their reusable counterparts, disposable coats are only usable for about one week as long as they are not visibly contaminated or torn in any way. Many labs allow the employees to write their name on the coat for identification.

As with reusable coats, the clean coats must be stored away from in-use coats.

SCRUBS: OSHA does not require facilities to launder scrubs since they are not PPE, but they do require labs to provide PPE (lab coats) at no cost to the employee and laundering from the employer, either in house or at an outside laundry. Lab coats cannot be taken home to launder as this is an infection control issue.

New OSHA Standards for Female Lab Coat Design

OSHA is revising its PPE standard to include proper fit as a criterion for PPE selection. This comes after many women have complained about the lack of properly fitting PPE such as lab coats. The unisex coats are fine for the men with its straight up and down silhouette, but for women, the sizes have to be larger in a unisex coat to accommodate the female frame. This means the coat doesn't fit in the shoulders and is often too long in the sleeves or length.

MT Communicable Disease Update as of 02/26/10

This newsletter is produced by the Montana Communicable Disease Epidemiology Program.

Questions regarding its content should be directed to 406.444.0273 (24/7/365).

<http://cdepi.hhs.mt.gov>

DISEASE INFORMATION

Summary – Week 7 – Ending 02/20/10 – Disease reports received at DPHHS during the reporting period February 14-20, 2010 included the following:

- Vaccine Preventable Diseases: Varicella (8)
- Enteric Diseases: Campylobacteriosis (3), Giardiasis (1)
- Other Conditions: Aseptic Meningitis (1)
- Travel Related Conditions: None

NOTE: The report has multiple pages reflecting the following information: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases YTD; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.

NEW! Surveillance Snippets

- When reporting any vaccine preventable disease, it is very important to collect *travel / exposure history and vaccination information, including dates of travel and dates of vaccination!*
- Clusters of varicella are being reported throughout the state. Strategies for controlling outbreaks can be found at <http://www.cdc.gov/vaccines/vpd-vac/varicella/outbreaks/manual.htm>.

The "Buzz"

INFLUENZA

Montana – Activity level in Montana is **NO ACTIVITY**. As of February 27, 2010, 761 MPHL PCR confirmed influenza cases had been reported from 40 counties since August 30, 2009. **No MPHL PCR confirmed cases have occurred since January 16, 2010.** Of the 2876 specimens submitted to the Montana Public Health Laboratory since August 30, 2009, 761 have been confirmed as 2009 H1N1 influenza cases. Of the 10,685 reports of confirmed or suspected H1N1 cases from providers and local health departments, 181 were hospitalized. 41% were female. Median age of those hospitalized was 42 (range 1 month – 88 years). 62% had underlying health conditions. Seventeen influenza-related deaths have been reported in Montana.

IMPORTANT! **Rapid tests are not performing reliably at this point; false positives are occurring. If providers want accurate information about influenza status on a patient, it is recommended that specimens be sent to the Montana Public Health Laboratory for PCR testing.** Current information on influenza testing by the Montana Public Health Laboratory can be found at <http://www.dphhs.mt.gov/PHSD/Lab/envirom-lab-index.shtml>.

United States - During week 7 (02/20/10), influenza activity stayed at the same level with no states reporting widespread activity; 3 states, regional; PR and 8 states, local activity; DC, Guam and 35 states, sporadic activity; 3 states and Virgin Islands, no activity. Influenza and pneumonia deaths and doctor visits for flulike illnesses dropped below baseline levels. (<http://www.cdc.gov/flu/weekly/>)

NEW! Worldwide - Though flu activity continues to taper off in many Northern Hemisphere countries, the virus is still active in areas such as Eastern Europe and central Asia, and there are increased reports of new pandemic activity in the West African countries Senegal and Mauritania. Many countries in the Northern Hemisphere have had two pandemic flu waves; however, many Southern Hemisphere nations have had only one, and those countries are just entering their winter months, when increased influenza activity is anticipated. The Southern Hemisphere's flu season typically runs from May through October; however, the pandemic H1N1 virus has been unpredictable, peaking twice in some countries such as the United States outside the normal flu season.

Diarrheal Disease and Food Recalls

NEW! Norovirus – Montana is currently experiencing increased levels of norovirus activity, particularly among residents of long-term care facilities and assisted living centers. Since January 1, 2010, a total of 5 different outbreaks occurring in 5 separate Montana communities have sickened approximately 165 residents and staff. Additionally, there have been reports and confirmed cases in 8 counties around the state (Cascade, Chouteau, Lewis & Clark, Park, Roosevelt, Teton, Valley, and Yellowstone). LHDs and providers have been asked to:

1. Increase active surveillance activities to detect outbreaks and clusters of gastrointestinal illness promptly
2. Share "Guidelines for the Control of Suspected or Confirmed Outbreaks of Viral Gastroenteritis (Norovirus) in Long Term Care Facilities" with facilities in your jurisdiction.
3. Consider providing educational information regarding the prevention of norovirus information to the public.

Guidance documents can be found at: <http://www.dphhs.mt.gov/PHSD/epidemiology/cdepi-norovirus.shtml>.

UPDATE! Salmonella Montevideo Outbreak – Salami - The CDC reports that 238 people have been infected with a matching strain of *Salmonella* Montevideo in at least 44 states and the District of Columbia. NO CASES HAVE BEEN REPORTED IN MONTANA. Salami/salame has been identified as a possible source of illness: <http://www.cdc.gov/salmonella/montevideo/index.html>. Daniele International Inc. has recalled a variety of ready-to-eat Italian-style meats. A complete listing of all recalled products and a list of the stores that sold these products can be found at: http://www.fsis.usda.gov/News_&_Events/Recall_006_2010_Products/index.asp².

INFORMATION / ANNOUNCEMENTS

NEW! TB and International Adoptions – The situation in Haiti has brought to light the importance of health screening for international adoptees from countries with higher rates of tuberculosis than the US. *A summary of issues that must be considered is attached*. Questions? Call Denise Ingman at 444-0275
Information on screening for TB and other recommended screening (HIV, parasites, syphilis, vaccine recommendations, etc.), can be found at:

- <http://www.cdc.gov/immigrantrefugeehealth/exams/recommendations-domestic-medical-screening-haitian-orphan.html>
- <http://www.cdc.gov/immigrantrefugeehealth/exams/parents-adopting-children-haiti-earthquake.html>
- <http://www.cdc.gov/immigrantrefugeehealth/exams/adoptees-tuberculosis-screening-faq.html>

NEW! HIV/STD Report Available – The HIV/STD End of Year Surveillance Report for 2009 is now available on the HIV Surveillance website at http://hivdata.hhs.mt.gov/pdf/Q4HIV_STDReport.pdf.